

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90603 037 \*\*\*150.00

**DOCUMENT # P00000112692**  
 1. Entity Name  
**7929 WEST DRIVE, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>1101 BRICKELL AVENUE, SUITE 800<br>SOUTH TOWER<br>MIAMI FL 33131 | Mailing Address<br>1101 BRICKELL AVENUE, SUITE 800<br>SOUTH TOWER<br>MIAMI FL 33131 |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1067216</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ISICOFF & RAGATZ, P.A.**  
**1101 BRICKELL AVENUE**  
**SUITE 800, SOUTH TOWER**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State: <b>FL</b> Zip Code                          |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>ISICOFF, ERIC D</b>                   |
| STREET ADDRESS | <b>1101 BRICKELL AVENUE, SUITE 800</b>   |
| CITY-ST-ZIP    | <b>MIAMI FL 33131</b>                    |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>RAGATZ, TERESA</b>                    |
| STREET ADDRESS | <b>1101 BRICKELL AVENUE, SUITE 800</b>   |
| CITY-ST-ZIP    | <b>MIAMI FL 33131</b>                    |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <b>Director / President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <b>Director / V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <b>Director / Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Jay Hochberg</b>  |
| STREET ADDRESS | <b>1101 Brickell Ave, Suite 800-S</b>  |
| CITY-ST-ZIP    | <b>Miami, FL 33131</b>   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE: *[Signature]* **Pres.** **2/8/01** **305-373-3232**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)